

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 19298
Application ID: 10065547
Title of Invention: Apparatus and Method for
Casting a Prosthetic Socket Under
Vacuum
First Named Inventor: Aldo Laghi
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-10-29
Submission Type: Utility Patent Filing
Filing Type: null
Confirmation Number: 0
Attorney Docket Number: 1098.51
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Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
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TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

1098.51

Submission Type: Utility Patent
Filing

Apparatus and Method for Casting a Prosthetic Socket Under Vacuum

First Named Inventor: Aldo A. Laghi

SUBMITTED BY

Name:

Ronald E. Smith

Registration Number:

28761

Electronic Signature Mark: /ronald e
smith/

Date Signed: 20021029

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

Dec01.TIF

declaration

Dec02.TIF

bibd-transmittal

109851apds.xml

fee-transmittal

109851fee.xml

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought for the invention entitled:

TITLE OF INVENTION

Apparatus and Method for Casting a Prosthetic Socket Under Vacuum

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

21,901

(Declaration and Power of Attorney—page

SEND CORRESPONDENCE TO

Smith & Hopew, P.A.
15950 Bay Vista Drive, Ste. 220
Clearwater, FL 33760
Customer No. 21,901

DIRECT TELEPHONE CALLS TO:

Ronald E. Smith
(727) 507-8558

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and the statements made on information and belief are believed to be true; and further that these statements made with the knowledge that willful false statements and the like so made are punishable by imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Inventor's signature


Aldo A. Laghi

Date

10/29/02, 2002

Country of Citizenship

USA

Residence

Clearwater, FL

Post Office Address

14410 Eagle Point Drive
Clearwater, FL 33762

(Declaration and Power of Attorney—page 2)

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 466

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 3008
Expiration Date: 20040531
Authorized Name: Anton J. Hopen
Billing Address: 33760

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	2001	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 26	2202	\$ 9	6	\$ 54
Independent Claims: 4	2201	\$ 42	1	\$ 42

Subtotal For Extra Claims Fees: \$ 96